

AFFIDAVIT OF SERVICE

UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF NEW YORK

Civil Number: 15-CV-6569
Date Filed: 09/22/2015

Plaintiff(s):

MATTHEW FERO, SHIRLEY KRENZER, ERIN O'BRIEN, Individually and on behalf of all others similarly situated

vs

Defendant(s):

EXCELLUS HEALTH PLAN, INC. and LIFETIME HEALTHCARE, INC.

STATE OF NEW YORK
COUNTY OF MONROE SS.:

SHEY SMITH, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action. I reside in the State of New York.

On **09/25/2015** at **1:26 PM**, deponent served the within **SUMMONS IN A CIVIL ACTION; CLASS ACTION COMPLAINT** on **EXCELLUS HEALTH PLAN, INC** at **165 COURT STREET, ROCHESTER, NY 14647** in the manner indicated below:

By delivering a true copy of each to and leaving with **DEBBIE D'AMBROSIO, LEGAL ASSISTANT** who stated he/she is authorized to accept service on behalf of the corporation/government entity.

Description:

Gender: **FEMALE**

Race/Skin: **HISPANIC**

Age: **36 - 50 Yrs.** Weight: **131-160 Lbs.**

Height: **5' 4" - 5' 8"**

Hair:

BROWN Glasses:**NO**

Other:

Subscribed and Sworn to before me on 09/28/2015.

Lisa M. Newfrock

Lisa M. Newfrock

Notary Public, State of New York

No. 01NE6330541

Qualified in Monroe County

Commission Expires 09/14/2019



X *Shey Smith*
SHEY SMITH

Job #: 38066

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 15-cv-6569

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) EXCELLUS HEALTH PLAN, INC.
 was received by me on (date) 9-25-15.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) DEBBIE D'AMBROSIO, LEGAL ASSISTANT, who is
 designated by law to accept service of process on behalf of (name of organization) EXCELLUS
HEALTH PLAN, INC. on (date) 9-25-15 @ 1:26 PM; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 9/28/15

Shay Smith
 Server's signature

SHAY SMITH
 Printed name and title

45 Exchange Blvd. - Ste. 200
 Server's address
Roch. Ny 14614

Additional information regarding attempted service, etc: